

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 170-67)**

SERIAL NO.  
**588195**  
APPLICANT'S

FILED DATE  
**6-6-00**

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1					
2						
3						
4						
5						
6						
6						
7						
8						
9						
10						
11						
12						
13	1					
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19	1					
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33	1					
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35						
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37						
38	1					
39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50	1					

12/01/02

	NO.	DEF.	NO.	DEF.	NO.	DEF.
61						
62						
63						
64						
65						
66	1					
67						
68						
69						
69						
61						
62						
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70	1					
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99						
100						
TOTAL						

7/65/98